

Chapter 2

THE DIMENSION OF THE DISTRICT'S DRUG PROBLEM

FACING THE CHALLENGE

No single statistic captures the entire scale and scope of substance abuse in the District of Columbia. However, by piecing together a variety of substance abuse data “indicators,” it is possible to gain a sense of the magnitude of the problem that the District faces. In short, these figures portray a city in which the rates of alcohol and drug abuse are high, and in some cases, exceed the national average. Perhaps most troubling, these elevated rates of addiction are compounded by a serious shortage of treatment capacity.

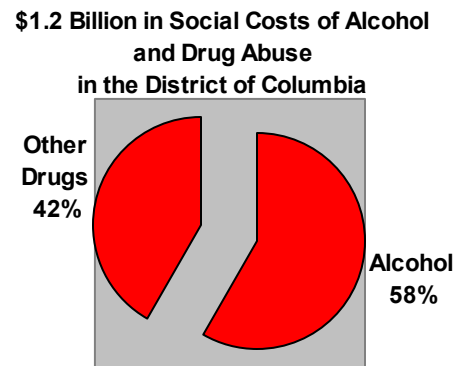
The District's levels of substance abuse result in significant negative consequences, particularly with regard to the health and safety of the city's citizens. Substance abuse imposes considerable economic and social costs, including increased burdens on hospital, school, and child welfare systems. The cumulative effect of these consequences exacts a toll on all District residents and devastates certain segments of the population where rates of addiction and drug-related violence are highest.

\$1.2 BILLION IN SOCIAL COSTS

The social and economic costs of alcohol and drug abuse in the District of Columbia are staggering—possibly exceeding more than \$1.2 billion per year or \$2,100 per resident. These costs consist primarily of the value of lost productivity from substance abuse from such causes as premature death, criminal careers, substance-abuse-related illnesses, and incarceration. They also reflect the health and crime consequences from substance abuse, both in terms of the direct effects on the drug user and the community-at-large. Such costs include medical consequences of substance abuse from diseases such as tuberculosis,

HIV/AIDS, Hepatitis B and C, as well as the health costs of victims of drug-related crime. Figure 1 illustrates that approximately \$700 million of the total \$1.2 billion in social costs is attributable to alcohol use and approximately \$500 million to other drugs.

Figure 1



Reducing the social costs of substance abuse requires a specific strategic plan, including targeted efforts to lower both current rates of addiction and what may be characterized as “initiation” or “recruitment” into addiction. This latter category of use involves the prevention of first-time use as well as reductions in so-called “casual drug use” before it progresses into more serious problems.

Drug addiction contributes disproportionately to social costs. Research indicates that while the number of addicts may represent only about twenty percent of the overall total user population nationwide, they account for over two-thirds of the

consumption of illicit drugs. Similarly, those addicted to alcohol account for the bulk of alcohol consumption.

Addiction, however, does not fuel the entire substance abuse problem. Recreational drug and alcohol use, sometimes referred to as “casual” or “current drug use,” entices new users to start using drugs and alcohol. This “casual user” is usually connected to a family, attends school or is employed, and projects a positive lifestyle. In epidemiological terms the “casual drug user” is a “carrier” of the disease of addiction who influences his or her peers to make unhealthy lifestyle choices. Casual drug use and its role in spreading addiction must be thoroughly examined and understood as a major contributing force to any given community’s drug control problem.

SCALE OF OVERALL DRUG USE

A useful starting point in assessing the extent of the substance abuse problem in the District is to determine the magnitude of the substance abusing population. For the purposes of making policy, it is helpful to consider the scale of the drug problem in the context of general overall use rates (prevalence) and the number of “initiates” (individuals who are beginning to experiment with alcohol, cigarettes, and/or illicit drugs).

The 2000 District of Columbia Household Survey (Household Survey) developed estimates of overall prevalence by asking respondents about their drug using activity in the 30 days prior to the survey, during the past year, and during their lifetime. Such an approach captures all forms of drug-using behavior from one-time use (sometimes referred to as experimentation), recreational use (non-dependence), to dependence. The survey questions only members of households about their use, which means that it tends to undercount rates of addiction, since drug addicts and alcoholics often lead transitory lifestyles outside of stable household units.

The Household Survey found that 41,000 or nearly 10 percent of District residents reported using an illicit drug in the 30 days prior to being interviewed (past-month basis). It also revealed that an estimated 109,000 residents had used cigarettes and 73,000 individuals had engaged in binge drinking in the previous month. Table 1 presents data on the percentage of the population reporting illicit drug, alcohol, and tobacco use on a past-month basis (current or regular users). It shows that the highest rate of illicit drug use in the District occurs between the ages of 18 and 34. Among those between the ages of 18 and 24, specifically, the overall rate of drug use is nearly 21 percent—meaning that one in

Table 1

**Percentage Reporting Substance Use
on a Past-Month Basis**

Age Group	Illicit	Alcohol	Cigarettes
	Drugs		
12-17	7.4%	17.2%	12.1%
18-24	20.5%	64.8%	31.8%
25-34	14.0%	59.5%	25.6%
35+	6.4%	47.5%	25.9%
Total, All Age Groups	9.6%	50.1%	25.7%

Source: District of Columbia 2000 Household Survey on Substance Abuse.

five used illicit drugs on a past-month basis.

The number one illicit “drug of choice” in the District is clearly marijuana. A significant number of residents, however, use cocaine. Other drugs, though less prevalent across all user groups, appear to be popular among certain segments of the population. For example, while many younger drug users did

not report using heroin or inhalants, both of these substances were being used by about 10 percent of drug user over the age of 35.

In 2001, a resurgence of PCP (phencyclidine hydrochloride) use occurred in the Northeast and Southeast sectors of the District as well as in nearby Prince George's County. While PCP still lags behind marijuana and cocaine, a range of statistics marks its troubling increase. Detoxification patients in the District now test positive for PCP six times more often than in 1999. The Prince George's County police laboratory, which tests all drugs seized in the county, received more than 115 PCP samples in 2002 – up from eight in 2000.

The Household Survey reveals dramatic differences in illicit drug use on the basis of gender, employment, and education. District males use illicit drugs at almost two and a half times the rate of females (14.0% for males versus 5.8% for females). Rates of drug use were highest among those with a high school education or less (11.4%) compared with those with more education (8.6% for those with 1-4 years of college and 6.4% for those with graduate degrees). Rates of drug use also vary according to employment status. Nearly one of every four (24%) unemployed residents used an illicit substance on a past-month basis compared to 8.1 percent for those employed full-time.

**DISTRICT RATES OF ILLICIT
DRUG USE 52 PERCENT HIGHER
THAN THOSE OF THE NATION**

The District's overall rates of substance abuse are higher than those of the nation as a whole. The overall illicit drug use rate of 9.6 percent in the District is a striking 52 percent higher than the nationwide rate of 6.3 percent for the same year. Males and African Americans in the District are also more likely to be using illicit drugs in DC compared to national populations. DC youth aged 12 to 17

report a *lower* rate of illicit drug use relative to young people throughout the United States.

**DRAMATIC RATES OF ALCOHOL
AND TOBACCO USE AMONG
DISTRICT YOUTH**

Regarding alcohol and tobacco, the Household Survey reveals dramatic rates of use among District youth. While access to tobacco and alcohol is prohibited for individuals under the ages of 18 and 21 respectively, one in every three adolescents between 12 and 17 years of age (34%) reported that they had used alcohol during their lifetime. Seventeen percent reported that they used alcohol on a past-month basis. Rates of past-month alcohol use were highest for young adults between 18 and 24 years old, with 77 percent reporting past-month use. With regard to tobacco, about one in ten adolescents between the ages of 12 and 17 (12.1%) report smoking cigarettes on a past-month basis; the rate jumps to almost 32 percent for those between the ages of 18 and 24.

In terms of first-time drug use—"substance abuse initiation"—the Household Survey reveals that the onset of substance abuse is a more serious problem for the District than for the nation. Simply put: District residents report drug use initiation at an earlier age compared to those in the nation. This onset tends to occur early in the teen years. What is most interesting, however, is that despite this earlier initiation, *prevalence* rates for the District among those aged 12 to 17 are lower than for the nation. This suggests that the length of time of "conversion" from initiation to *prevalence* among those aged 12 to 17 in the District is longer than for the nation. Within the District, the average age of initiation for alcohol is 13.3 years compared to the national average of 16.3 years—that is, youth in the District initiate alcohol use a full three years earlier than youth across the nation. The

finding for other substances is similar to that of alcohol. The average age of initiation for cigarettes is 13.7 years in the District compared with 15.4 for the nation. And the average age of initial marijuana use is 14.5 years, compared to 17.0 years for the nation.

Table 2

**Percentage Reporting Past Year
Dependence in the District Compared
With the United States**

	District of Columbia	United States
Illicit Drug/Alcohol	8.9%	4.7%
Alcohol	6.9%	3.7%
Cocaine	1.8%	0.3%
Heroin	0.6%	0.1%
Marijuana	2.4%	1.0%

Source: District of Columbia 2000 Household Survey on Substance Abuse; 2000 National Household Survey of Drug Abuse.

Unlike the National Household Survey on Drug Abuse, the District's Household Survey does not include the estimated 70,000 individuals living on college campuses within the city. According to Metropolitan Police Chief, Charles Ramsey, not only do drug and alcohol abuse on college campuses claim the lives of students every year, it also places an enormous demand on the city's enforcement resources. Clearly, effective strategic planning must target the substantial problem of drug and alcohol abuse on District college and university campuses.

**60,000 ADDICTS IN THE
DISTRICT**

The Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment, and Control estimates that approximately 60,000 District residents are addicted to alcohol and other drugs. This finding is supported by the Household Survey which revealed that rates of addiction in the District were nearly double the U.S. rate. As shown in Table 2, the survey of household residents reported an addiction rate of 8.9 percent—nearly one in ten District residents—compared to a nationwide rate of 4.7 percent. The primary drug of abuse in the District is alcohol. Illicit drug use tends to involve mostly cocaine—crack cocaine—but heroin and marijuana use are becoming increasing problems for the District.

A notable aspect of the District's substance abuse profile is the low rate of dependence among youth aged 12 to 17 as compared to young adults aged 18 to 24. Compared to the national average, rates of dependence among District youth are below the national average. Alcohol dependence is reported in the Household Survey to be 2.0 percent compared to 3.6 percent nationwide; illicit drug dependence is 3.2 percent compared to 5.7 percent nationwide. These results suggest that the current generation of youth in the District may understand the risks and dangers posed by drug and alcohol use. For young adults, aged 18 to 24, however, the findings are discouraging. Rates of dependence for alcohol were found to be 14 percent compared to 9.2 percent nationwide; illicit drug dependence was a startling 18.9 percent compared to 11.9 percent nationwide. Young adults dependent on drugs and alcohol likely initiated drug use in the early 1990s when initiation nationwide exploded. While the causes of the dramatic differences in dependence are not known, District youths and young adults represent both hope and concern for the future. Our challenge is to continue to educate all of the District's youth regarding the pitfalls of alcohol, tobacco, and drug use so that they make wiser and more informed choices. At the same time, we must encourage those whose choices have led them to addiction to seek and receive help.

Drug treatment in the District is offered by public and private providers, including the District government (public treatment), the federal government (for District residents in pretrial or on probation or parole), and private care available to those who have insurance and/or private means.

CO-OCCURRING DISORDERS COMMONPLACE

Many individuals with substance abuse disorders have a co-occurring serious mental illness. According to federal estimates, seven to ten million individuals in the nation have at least one mental disorder as well as an alcohol or other drug use disorder. According to the District's Department of Mental Health, there are 26,000 to 42,000 individuals with a co-occurring disorder in the District. The Department further estimates that at least 40 percent of the street-bound homeless population in the District has a co-occurring disorder.

Compared to individuals with either a serious mental disorder or a substance abuse problem, individuals with co-occurring disorders tend to have multiple health and social problems and require more costly care. Many are at increased risk of incarceration and homelessness. Co-occurring disorders are also a serious problem for children and youth. Researchers have found that a mental disorder often acts as a "gateway" to substance abuse.

MANY HOMELESS INDIVIDUALS STRUGGLING WITH ADDICTION

Substance abuse is also a major contributor to homelessness in the District. The lack of a stable and safe living environment means that the drug-dependent homeless individual is much more likely to relapse and remain addicted even after receiving treatment. Recent estimates suggest

that on any given day there are approximately 7,225 individuals in either emergency shelters, transitional housing on the streets, or awaiting shelter while staying in precarious housing. The Community Partnership for the Prevention of Homelessness estimates that on any given day, as many as 8,400 of 85,800 poor people in the District, or about one in ten, rely on the homeless continuum of care for shelter, housing, and services. They further estimate from a 2002 survey that there are approximately 2,600 chronic substance abusers in DC that are homeless. This figure represents 35% of the homeless population surveyed on that particular day.

Homeless individuals present a complex set of problems to service providers. Their needs include basic services from shelter, food, and clothing to supportive services such as substance abuse and mental health treatment, health care, employment training, and other specialty needs. While precise estimates of the number of homeless individuals struggling with addiction are not known, it is clear that the homeless continuum of care can not meet the treatment service demand of this special population.

DISTRICT TREATMENT CAPACITY NOT EQUAL TO THE DEMAND: THE "TREATMENT GAP"

Recent treatment admission data indicate that the District's treatment capacity is not adequate to meet the demand for services. It is estimated that about 6,000 individuals were admitted to substance abuse treatment in 2000. This suggests that of the total 60,000 individuals needing treatment for a substance abuse problem, only about one in ten people received it. This "treatment gap" denies nine out of ten individuals needing treatment.

Admissions to publicly funded treatment in the District increased dramatically over the last decade. Table 3 shows total admissions

increased by a factor of four between 1994 and 2000, from 1,357 annual admissions to 6,019 admissions (i.e., the total number of clients admitted to treatment in a given year). In 2000, the most recent year for which data are available, cocaine was the primary substance of abuse at admission. This was followed closely by heroin and alcohol.

Treatment Admissions in the District

Year	Total Admissions
1994	1,357
1995	1,472
1996	985
1997	2,878
1998	3,622
1999	6,017
2000	6,019

Source: Department of Mental Health and Human Services, Substance Abuse Treatment Episode Data Set, 1994-2000

Clearly, those who seek treatment should not be denied it because of a lack of capacity, especially in the case of adolescents who might benefit most from effective treatment programming. APRA is currently increasing services provided to this severely underserved population.

Research has shown that addiction is a chronic disease that can be treated successfully with outcomes comparable to those of other chronic diseases. The challenge for the District is to expand the

capacity of the treatment system to treat more addicts and to improve the effectiveness of existing services.

DRUG-RELATED VIOLENT CRIME DECLINED OVER PAST DECADE

Drug use and criminal activities occur in an insidious cycle. First, simple possession of certain substances is a crime. Second, addiction to illicit drugs almost always leads to other crimes, including robbery and assault, as addicts steal to finance their habits. Third, the psychoactive effect of drugs often triggers violence and fuels child abuse and neglect. Finally, a considerable amount of violence commonly accompanies the distribution of illegal drugs as dealers battle for market share.

Nowhere is the connection between criminal activity and substance abuse more apparent than in the rates of illicit drug use among the District's arrestees. Over half of adult males arrested in the District tested positive for illicit substances. For both adults and juveniles, about one-half of those arrested for a violent offense tested positive. Fully three-quarters of adult males charged with committing a property crime tested positive for an illegal drug; 45 percent tested positive for cocaine. Clearly, the District's future success in reducing crime and violence is closely linked to its success at reducing the drug problem.

No one can deny the substantial progress made by the District in reducing drug-related crime and violence in the last decade. Once labeled the murder capital of the nation, the number of homicides declined from nearly 500 a decade ago to 233 in 2001. Washington and New York were among the few large cities where homicides actually declined between 1999 and 2000. A troubling 24 percent increase in homicides in the District in the past year must be noted, however, especially the "spike" in homicides during early 2003. Homicides in several other major

Table 4
Reported Crimes in the District, 1996-00

	1996	1997	1998	1999	2000
Homicide	397	301	260	241	237
Sexual Assault	260	218	190	284	324
Robbery	6,444	4,499	3,606	3,931	4,103
Aggravated Assault	6,310	5,688	4,932	4,199	4,205
Burglary	9,828	6,963	6,361	5,478	5,062
Theft	31,343	26,748	24,321	20,719	19,803
Stolen Auto	9,975	7,569	6,501	6,512	6,131
Arson	162	150	119	84	86
Total	64,719	52,136	46,290	41,448	39,951

Source: Metropolitan Police Department Annual Report, (2001)

cities have also climbed during the past year. Criminologists agree that these increases are still too recent to label as either trend or temporary.

Not surprisingly, both the reported number of crimes (Table 4) and the number of arrests (Table 5) fell by about 40 percent between 1996 and 2000. Interestingly, the number of arrests for drug law violations remained relatively constant (Table 6) during the period.

The District faces an enormous challenge to reduce drug distribution networks. The District's location on the I-95 corridor makes it vulnerable to a wide array of drug distribution schemes. An extensive highway system, plus three major airports and a major seaport are tempting opportunities for traffickers to move their products. Within the District, approximately 60 open-air drug markets have been identified that are controlled by drug "crews." The National Drug Intelligence Center's National Gang Survey 2000 identified 42 crews that distribute cocaine, with most of them also distributing

heroin and marijuana as well. Located in low-income areas as well as along main corridors into and out of the District, these distribution markets know no bounds. Ongoing success in reducing drug-related crime requires that the District continue to target these groups through law enforcement and community outreach efforts.

HEALTH CONSEQUENCES

Substance abuse poses a substantial threat to the health of District residents. Alcohol and drug use is one of the principal determinants of emergency room visits. For example, *Drug Strategies* estimates that nearly 40 percent of all emergency room visits involve patients under the influence of drugs or alcohol. According to national research, more than two-thirds of those who are addicted will seek primary- or urgent-care every six months. Clearly, substance abuse contributes greatly to the District's health care costs.

Table 5
Arrests for Index Crimes in the District, 1996-00

	1996	1997	1998	1999	2000
Homicide	216	187	181	124	128
Sexual Assault	136	205	199	151	18
Robbery	1,187	986	778	643	593
Aggravated Assault	2,923	3,232	2,799	2,222	2,187
Burglary	934	862	683	561	509
Theft	2,448	2,398	1,959	1,455	1,303
Stolen Auto	2,485	1,988	1,602	1,438	1,401
Arson	13	31	27	14	17
Total	10,342	9,889	8,228	6,608	6,156

Source: Metropolitan Police Department Research Unit

Table 6
MPD Drug Law Arrests, 1996-00

	1996	1997	1998	1999	2000
Drug Law Arrests	6,848	6,599	6,160	6,700	6,310
All Arrests	43,597	53,636	47,097	44,243	43,005
% Share	15.7%	12.3%	13.1%	15.1%	14.7%

Source: Metropolitan Police Department Research Unit

Despite the forty percent figure, the District has made progress in reducing the number of hospital emergency room episodes (person visits) and drug mentions (drugs in a person's system mentioned during the visit) as described in Table 7. Problems with cocaine have declined compared to a decade ago when the District was in the ravages of a crack epidemic, but it remains the most significant drug mentioned during an emergency room visit when illicit drugs are involved. Heroin, however, is becoming an increasing problem for hospital emergency rooms.

Substance abuse also plays a significant role in the spread of new HIV/AIDS infections, hepatitis, and other diseases. The CDC estimates that about one-third of all new HIV/AIDS infections are due to intravenous (IV) drug use. Intravenous drug users are known to exhibit behaviors placing them most at risk of disease. Targeting this population for treatment must be a priority if the District is to reduce the societal costs associated with their drug use.

The District is making progress in reducing substance-abuse-related mortality. According to the District's Center for Health Statistics, substance abuse related deaths are down by at least a third compared to almost a decade ago. This includes decreases in HIV/AIDS deaths as well as fewer alcohol-related liver disease deaths. Clearly, progress is

occurring in reducing health consequences of substance abuse, but much more work remains.

DAMAGING EFFECTS TO WOMEN, CHILDREN, AND FAMILIES

Substance abuse poses multiple risks for pregnant and parenting women and their children. The use of alcohol, tobacco and drugs during pregnancy is a leading preventable cause of mental, physical and psychological impairments in infants and children. Children raised by substance abusing adults are more likely to experience neglect and abuse, poor school performance, depression, and delinquency, and comprise a

Table 7
**Hospital Emergency Room Episodes and
Drug Mentions for Illicit Drug Use**

Year	Episodes	Mentions	Cocaine Mentions	Heroin Mentions
1993	12,339	21,692	4,275	1,414
1994	14,152	25,222	4,849	1,261
1995	11,830	19,896	3,542	1,307
1996	11,720	19,815	3,881	1,535
1997	11,194	18,975	3,223	1,691
1998	11,596	19,068	3,718	2,112
1999	10,282	16,947	3,150	1,794
2000	10,303	16,237	2,830	1,967

Source: Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network

large proportion of foster care placements.

**SUBSTANCE ABUSE: A
DISTRICT-WIDE PROBLEM**

The Household Survey shows that the problems of substance abuse affect every neighborhood in the District, but not equally. Table 8 shows alcohol, tobacco, and illicit drug use by Ward. With regard to drug use, Wards 1, 2, 5, 7, and 8 reported rates of past-month use in excess of 10 percent with Ward 2 (14.1%) being the highest. According to the Household Survey, illicit drug use among adolescents and young adults (12 to 24 years of age) was higher in Ward 5 than in any other part of the District.

With regard to alcohol and tobacco use, geographic differences are stark. Ward 3 had

young adult alcohol use was found to be the lowest in Wards 6 and 7. Tobacco use was lowest in Ward 4 and highest in Ward 8.

CONCLUSION

The problem of substance abuse threatens the District's economic and social well being. Nearly one in ten District residents reports using an illicit substance on a past-month basis. One in five young adults between the ages of 18 and 24 use illicit drugs. Half of the District's population consumes alcohol and a quarter smoke cigarettes regularly.

These high rates of current drug use will, in time, swell the ranks of the District's addicted population that is estimated at around 60,000. The rate of addiction in the District is already nearly double the overall U.S. rate. The social and economic consequences associated with addiction cost the District nearly \$1.2 billion annually. While some long-term success in reducing the health and crime consequences of addiction has been achieved, the District's future depends on making additional progress and making it soon.

Table 8
**Past Month use of Alcohol, Tobacco, and Illicit
Drugs, By Ward**

Ward	Alcohol	Cigarettes	Illicit Drugs	Cocaine	Marijuana
1	51.7%	28.0%	12.6%	1.9%	10.1%
2	73.8%	25.8%	14.1%	1.9%	10.5%
3	76.8%	11.7%	2.7%	na	0.3%
4	20.5%	7.8%	3.0%	0.6%	2.4%
5	42.8%	30.5%	14.0%	4.9%	12.5%
6	46.4%	30.1%	5.3%	2.7%	4.6%
7	38.8%	35.5%	12.3%	3.0%	6.3%
8	41.3%	41.8%	11.3%	3.3%	8.9%

Source: District of Columbia 2000 Household Survey on Substance Abuse.

the highest rate of residents aged 12 and older reporting regular alcohol use. Alcohol use was relatively low in Ward 4. Adolescent and